



**WELL CHILD EXAM - EARLY
CHILDHOOD 18 MONTHS**
(Meets EPSDT Guidelines)

DATE

EARLY CHILDHOOD: 18 MONTHS

PARENT TO COMPLETE ABOUT THE CHILD	CHILD'S NAME		BROUGHT IN BY		DATE OF BIRTH	
	ALLERGIES			CURRENT MEDICATIONS		
	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT			TODAY I HAVE A QUESTION ABOUT:		
	YES NO <input type="checkbox"/> <input type="checkbox"/> My child feeds self.			YES NO <input type="checkbox"/> <input type="checkbox"/> My child waves "bye bye."		
YES NO <input type="checkbox"/> <input type="checkbox"/> My child can say 20 words.			YES NO <input type="checkbox"/> <input type="checkbox"/> My child can follow simple directions.			
WEIGHT KG/OZ. PERCENTILE		HEIGHT CM/IN. PERCENTILE		HEAD CIR. PERCENTILE		Diet _____
<input type="checkbox"/> Review of systems <input type="checkbox"/> Review of family history						Elimination _____
Screening: N A						Sleep _____
Hearing <input type="checkbox"/> <input type="checkbox"/> _____						<input type="checkbox"/> Review Immunization Record <input type="checkbox"/> Lead Exposure
Vision <input type="checkbox"/> <input type="checkbox"/> _____						<input type="checkbox"/> Fluoride Supplements <input type="checkbox"/> Fluoride Varnish
Development: Circle area of concern						<input type="checkbox"/> Hct/Hgb _____ <input type="checkbox"/> TB <input type="checkbox"/> Dental Referral
Adaptive/Cognitive Language/Communication						Health Education: (Check all discussed/handouts given)
Gross Motor Social/Emotional Fine Motor						<input type="checkbox"/> Nutrition/Feeding <input type="checkbox"/> Toilet Training <input type="checkbox"/> Safety
Behavior <input type="checkbox"/> <input type="checkbox"/> _____						<input type="checkbox"/> Development <input type="checkbox"/> Car Seat or Booster Seat <input type="checkbox"/> Teeth Care
Mental Health <input type="checkbox"/> <input type="checkbox"/> _____						<input type="checkbox"/> Passive Smoking <input type="checkbox"/> Discipline/Limits <input type="checkbox"/> Child Care
Physical: N A N A						<input type="checkbox"/> Bedtime Routine
General appearance <input type="checkbox"/> <input type="checkbox"/> Chest <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> Other: _____
Skin <input type="checkbox"/> <input type="checkbox"/> Lungs <input type="checkbox"/> <input type="checkbox"/>						Assessment/Plan: _____
Head <input type="checkbox"/> <input type="checkbox"/> Cardiovascular/Pulses <input type="checkbox"/> <input type="checkbox"/>						_____
Eyes Cover/Uncover <input type="checkbox"/> <input type="checkbox"/> Abdomen <input type="checkbox"/> <input type="checkbox"/>						_____
Ears <input type="checkbox"/> <input type="checkbox"/> Genitalia <input type="checkbox"/> <input type="checkbox"/>						_____
Nose <input type="checkbox"/> <input type="checkbox"/> Spine <input type="checkbox"/> <input type="checkbox"/>						_____
Oropharynx/Teeth <input type="checkbox"/> <input type="checkbox"/> Extremities <input type="checkbox"/> <input type="checkbox"/>						_____
Neck <input type="checkbox"/> <input type="checkbox"/> Neurologic <input type="checkbox"/> <input type="checkbox"/>						_____
Nodes <input type="checkbox"/> <input type="checkbox"/> Gait <input type="checkbox"/> <input type="checkbox"/>						_____
Describe abnormal findings and comments.						_____
_____						_____
_____						_____
_____						_____
_____						IMMUNIZATIONS GIVEN
NEXT VISIT: 2 YEARS OF AGE						REFERRALS
HEALTH PROVIDER SIGNATURE						HEALTH PROVIDER NAME
						HEALTH PROVIDER ADDRESS

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☐ SEE DICTATION

DISTRIBUTION: White - Physician Yellow - Parent/Guardian

EARLY CHILDHOOD: 18 MONTHS

Your Baby's Health at 18 Months

Milestones

Ways your baby is developing between 18 and 24 months of age.

Says phrases of at least two words.

Stacks five or six blocks.

Kicks and throws a ball.

Uses a cup, spoon, and fork.

Follows two-step directions.

Tries to make straight lines and circles with a crayon.

You help your baby learn new skills by playing with her.

For Help or More Information

Child health and development, immunizations: Healthy Mothers, Healthy Babies Information and Referral Line, 1-800-322-2588 (voice) or 1-800-833-6388 (TTY Relay)

Car Seat Questions: Safety Restraint Coalition, 1-800-BUCK-L-UP.

Parenting Skills or Support: Family Help line, 1-800-932-HOPE (4673) Family Resources Northwest, 1-888-746-9568 Local Community College Classes

Health Tips

Your child's future checkups will be spaced farther apart as your baby gets older. Talk with the doctor or nurse about the best schedule for him. If you have concerns between checkups, be sure to call them and ask questions.

Check to make sure your toddler has had all the immunizations needed at this age. If he has missed some of them, make an appointment to get them soon. He needs all of them to have the best protection against serious diseases.

Your child's appetite may be less than in the past. Offer him a variety of healthy foods. Let him decide how much of each food to eat. Do not force him to finish food.

Your child needs two cups of milk or yogurt or three slices of cheese each day. Avoid low-fat foods until age 2.

Parenting Tips

Each child develops in his or her own way, but you know your child best. If you think she is not developing well, she can get a free screening. Call HMHB (number at left) for connection to a local Family Resources Coordinator.

Safety Tips

Falls often cause injury to young children. Take your child to a safe playground. Find one that has padding, sand, or wood chips under the toys. Look for small toys that fit a toddler. Stay close to her while she is playing.

Your child may try to get out of his car seat. Avoid letting him out, because then he will try again and again.

- If he tries, be firm, stop the car, and refuse to move until he stays buckled.
- Take soft toys, picture books, and music to entertain him in the car.
- Wear your own seat belt, too.

Guidance to Physicians and Nurse Practitioners for Early Childhood (18 months)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

Tuberculosis Screen

Screen for these risk factors:

- Members of household with tuberculosis or in close contact with those who have the disease.
- Close contact with recent immigrants or refugees from countries in which tuberculosis is common (e.g., Asia, Africa, Central and South America, Pacific Islands); migrant workers; residents of correctional institutions or homeless shelters or persons with certain underlying medical disorders.

Hepatitis B Vaccine

- For children and adolescents not vaccinated against hepatitis B in infancy, begin the hepatitis B vaccine series during any childhood visit. Give the second dose at least one month after the first dose and give the third dose at least four months after the first dose and at least two months after the second dose.

Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, the ELMS2 (a language screen), or the MacArthur Communication Development Inventory.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Walks backward.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Points to 2 body parts ("show me your nose, eyes," etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | Drinks from a cup. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Imitates household chores such as sweeping.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Uses 20 words.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Understands the meaning of "Get up " or "Sit down." |
| <input type="checkbox"/> | <input type="checkbox"/> | Stacks 2 blocks. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Scribbles.</u> |

- Avoids eye contact.
 - Persistent rocking, hand flapping, head banging or toe walking.
 - No single word by 16 months.

Instructions for developmental milestones: At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on any two items or *even one* of the underlined items, or any of the **boxed items** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**